

Does auditory-verbal therapy result in positive language outcomes for children with hearing loss?

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This critical review examines the effect of auditory-verbal therapy on language outcomes in children with hearing loss. A search of the literature yielded five papers with study designs including matched-group case control, single group, and longitudinal single group. Overall, the literature reviewed indicates that auditory-verbal therapy results in positive language outcomes for children with hearing loss. Clinical implications and evidence-based recommendations for professional practice are discussed.

Introduction

Children with hearing loss are at increased risk of language delays compared to hearing peers throughout early childhood and into the school years (Vohr et al., 2012). However, studies have shown that early identification and early intervention for infants with mild, moderate, severe, and profound hearing loss mediate the detrimental impact of permanent hearing loss on language skills (Holstrum, Biernath, McKay, & Ross, 2009; Vohr et al., 2012). With modern improvements to hearing aids and cochlear implant technology, there has been greater emphasis on listening-based therapies for children with hearing loss, such as auditory-verbal therapy (Fairgray, Purdy, & Smart, 2010).

Auditory-verbal therapy (AVT) is an early intervention education option that facilitates optimal acquisition of spoken language through listening by young children with hearing loss (Dornan, Hickson, Murdoch, & Houston, 2009). With the auditory-verbal approach, the development of spoken language is emphasized through early identification of hearing loss, optimal amplification, and intensive speech and language therapy where parents serve as the primary language models for their children (Eriks-Brophy, 2004). This approach to language intervention is based on the notion that most children with mild to profound hearing loss can learn to communicate through oral language if provided with appropriate amplification, abundant language stimulation, and adequate opportunities to develop their residual hearing (Eriks-Brophy, 2004).

Evidence is accumulating to suggest that AVT is an appropriate intervention model for children with hearing loss (Rhoades, 2006). There is preliminary evidence that AVT

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